

NOTICE OF PRIVACY PRACTICES

OSAWATOMIE STATE HOSPITAL

RAINBOW MENTAL HEALTH FACILITY

Your Health Care Information Is Private:

Federal law requires us to keep your “protected health information” private. Protected health information is that which describes your physical or mental health and can be used to identify you. An example would be any records of treatment we provide to you.

Notice Of Privacy Practices:

This notice tells you about our duty to protect your health information. This includes your privacy rights and how we may use or disclose your health information. If we change our privacy practices, those changes may apply to all of your protected health information. You can get a copy of the current notice from your unit or the Patient Representative.

Who Can Use Or See Your Protected Health Information?

We use your health information to provide treatment. For example, our doctor uses your health information to determine your medicines and then sends your prescription to our pharmacy to be filled. The law also allows us to share your health information with insurance companies and others who pay for your health care. We use protected health information for our health care operations. That means using the information to improve quality, obtain certifications, and manage the hospital. The law does not require us to get your permission for the above activities.

Your Right To Confidential Communications:

You may tell us how you want us to communicate with you. For example, not leave messages with a family member.

Some Disclosures Are Permitted By Law:

The law allows us to disclose your health information in certain situations, such as:

- To prevent or lessen a serious threat to health or safety.
- To prevent the spread of communicable diseases.
- To monitor drugs or illnesses.
- To help oversight agencies conduct audits, inspect the hospital, or investigate complaints.
- To assist coroners or medical examiners.
- To inform research organizations.
- For government functions such as military and national security activities.
- To locate you if you are missing.

Some Disclosures Are Required By Law:

We will disclose your protected health information without your permission when required by Kansas or Federal law. For example, some injuries must be reported to the police. We must report suspected abuse, neglect, or domestic violence. We will disclose your protected health information when required by a court order or subpoena.

Your Right To Limit The Use And Disclosure Of Your Protected Health Information:

You may ask us to restrict the use or disclosure of your protected health information for treatment, payment, or operations. We will consider your request, but are not required to agree to your request. If we agree to your request, we will honor it except to provide you with emergency treatment. Either you or the hospital may cancel a restriction at any time. Information collected before the cancellation will still be subject to the restriction.

Your Right To Read And Copy Your Protected Health Information:

You may read or get a copy of your protected health information. The Patient Handbook tells you how to request this information in writing. A response will be sent to you within 30 days. In some instances, we may deny you access to all or a portion of your health information. If so, we will give you a written explanation of our reasons. You may request a review of the denial in writing. We may charge you a fee for the cost of copies, summaries of your protected health information, or postage.

Your Right To Amend Your Protected Health Information:

You can ask us to correct your protected health information if you think it is wrong. We may or may not change the information we have, but we will add the requested information. We will note that you have provided this information. Your request to correct our information must be made in writing and explain the reasons for the changes. We are not required to agree with you that our information is incorrect.

Your Right To Know What Disclosures We Have Made:

You may request, in writing, a list of disclosures of your protected health information. You may request any time period within the last six (6) years. Disclosures authorized by you or for treatment, payment or operations will not be included in the list. We are not required to include disclosures made before April 14, 2003. We will respond to your request within 60 days.

Your Permission Is Required For Some Disclosures:

Your written permission is required before we can disclose your protected health information for any reason other than specifically allowed by law. Your written permission is required before we disclose information about substance abuse treatment. You may ask to have your protected health information provided to an individual or a group of people. Authorization forms are available on your unit for this purpose. You may cancel your authorization at any time by completing that section of the form.

What Protected Health Information Will My Family Be Told?

We will disclose protected health information only to persons listed by you on your Acknowledgment form. We may release limited information to:

- Provide you emergency treatment.
- Let someone know your location if you are listed as a missing person.
- Notify someone in case of your death.
- Inform someone of a threat.

What Will My Visitors Be Told?

We will only let someone know your location at the hospital if you have listed them on the Acknowledgment form.

**IF YOU BELIEVE YOUR PRIVACY RIGHTS HAVE BEEN VIOLATED,
YOU MAY FILE A COMPLAINT WITH:**

Director of Compliance and Quality Management
Osawatomie State Hospital & Rainbow Mental Health Facility
Box 500 State Hospital Drive
Osawatomie, KS 66064 (913)755-7366

– or –

Office for Civil Rights, U.S. Department of Health & Human Services